

**STEVE CARTER**  
**ATTORNEY GENERAL**  
OFFICE OF THE INDIANA ATTORNEY GENERAL  
5th Floor - Indiana Government Center South  
302 West Washington Street  
Indianapolis, IN 46204

**PROFESSIONAL FUNDRAISER CONSULTANT OR SOLICITOR  
APPLICATION FOR REGISTRATION**

Name of Fundraiser Consultant or Solicitor:

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Person in organization to contact regarding this application:

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**GENERAL INSTRUCTIONS:**

1. Answer all items completely. *Please type or print legibly.* This form must comply with Indiana Code § 23-7-8-1 *et seq.* and 11 IAC 3-1 *et seq.*
2. Initial Registration: Include \$1,000.00 registration fee with initial application.  
  
Renewal Registration: Include \$50.00 renewal fee with renewal application. This renewal fee and renewal update application must be received before July 2 of each year.

Make check, cashier's check, or money order payable to:

**Office of the Indiana Attorney General**

3. You must notify the Consumer Protection Division in writing within 180 days of any change in the information contained in this application. Extra copies of this form can be downloaded at [www.state.in.us/attorneygeneral/consumer/charityfundraisers.html](http://www.state.in.us/attorneygeneral/consumer/charityfundraisers.html).
4. File this form at least two weeks before the start of any campaign.
5. Attach a sheet listing all of the charitable organizations for whom you are acting as a professional fundraiser consultant or professional solicitor, and the beginning and ending dates for each campaign.
6. Do not leave questions blank. Write "N/A" if a question does not apply to you.

### Instructions (cont.)

7. If you cannot provide a complete response to any question in the space provided, attach additional sheets as necessary to provide a complete response. Please mark any additional sheet with the number of the question to which it responds.
8. File with:           Office of the Indiana Attorney General  
                              Consumer Protection Division  
                              Attn: Fundraiser Registration  
                              5th Floor - Indiana Government Center South  
                              302 West Washington Street  
                              Indianapolis, IN 46204-2770

### DEFINITIONS:

"Professional fundraiser consultant" means any person who is hired for a fee to plan, manage, advise, or act as a consultant in connection with soliciting contributions for, or on behalf of, a charitable organization, but who does not actually solicit contributions as a part of the person's services or employ, procure, or engage a compensated person to solicit contributions. The term does not include a charitable organization, or a bona fide officer, employee, member, or volunteer of a charitable organization, that solicits on its own behalf.

"Professional solicitor" means a person who, for a financial consideration, solicits contributions for, or on behalf of, a charitable organization, either personally or through agents or employees specifically employed for that purpose, including agents or employees specifically employed by or for a charitable organization who solicit contributions under the direction, supervision, or instruction of a professional solicitor. The term does not include a charitable organization, or an officer, a bona fide employee, or a volunteer of a charitable organization, that solicits on its own behalf.

*For other definitions applicable to professional fundraiser consultants and solicitors, see Indiana Code § 23-7-8-1 and 11 IAC 3-1.*

## **REGISTRATION**

1. This registration application is being completed in my/our capacity as a (check one below):

Professional fundraiser consultant

☐

Professional solicitor

☐

2. This application is (check one below):

New (\$1,000.00 fee required)

☐

Renewal (\$50.00 fee required)

☐

Information change only (no fee required)

☐

3. Name, address, and telephone number of registrant's principal place of business:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Mailing Address (if different )

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Telephone Number (including area code and extension)

\_\_\_\_\_  
Telefax Number (if applicable)

\_\_\_\_\_  
E-mail Address (if applicable)

4. Name, title, address, and telephone number of the person to whom correspondence regarding registration, renewals, and notice filings should be directed:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Mailing Address (if different )

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Telephone Number (including area code and extension)

\_\_\_\_\_  
Telefax Number (if applicable)

\_\_\_\_\_  
E-mail Address (if applicable)

5. Name(s), alias(es), or assumed name(s), under which your organization intends to solicit contributions (your d/b/a, if any):

6. Has any court or other governmental authority denied, suspended, revoked, or enjoined your organization's registration or renewal?

Yes ☐

No ☐

If yes, explain in detail and attach a copy of any judgment, notice, or order showing such denial, suspension, revocation, or injunction.

7. Has any court or other governmental authority sued or indicted any of the officers, directors, partners, managers or supervisors of your organization in their individual capacities for fundraising-related activities?

Yes ☐

No ☐

If yes, explain in detail and attach a copy of any judgment, notice, or order showing such lawsuit or indictment.

8. Names and addresses of all persons (including individuals, organizations, trust foundations, associations, partnerships, limited liability companies, or corporations) who own a ten percent (10%) or greater interest in the registrant:

9. Does the registrant or any person named in Question 8 own any other business related to fundraising?

Yes ☐

No ☐

If yes, provide a detailed description of any such business.

10. Names and addresses of all officers, employees, and agents who are actively involved in fundraising or related activities:

(a)	Name		Title	
	Street Address			
	City		State	Zip
	Telephone Number (including area code)			
(b)	Name		Title	
	Street Address			
	City		State	Zip
	Telephone Number (including area code)			
(c)	Name		Title	
	Street Address			
	City		State	Zip
	Telephone Number (including area code)			
(d)	Name		Title	
	Street Address			
	City		State	Zip
	Telephone Number (including area code)			
(e)	Name		Title	
	Street Address			
	City		State	Zip
	Telephone Number (including area code)			
(f)	Name		Title	
	Street Address			
	City		State	Zip
	Telephone Number (including area code)			

(Attach additional pages if necessary.)

Date Signed \_\_\_\_\_

By: \_\_\_\_\_  
(Signature and Title)

STATE OF \_\_\_\_\_ )

) **SS:**

COUNTY OF \_\_\_\_\_ )

My Commission Expires:

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Signature of Notary Public

County of Residence:

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\_\_\_\_\_  
(Printed Signature)